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APPLICANTS

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** CONTINUING DATA ***** *None*
AK

** FOREIGN APPLICATIONS ***** *None*
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY NC	SHEETS DRAWING 4	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 3
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ADDRESS

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TITLE

Storage and merchandising container

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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